



Gregory J. Ahern, Sheriff / Coroner
Coroner's Bureau, 2901 Peralta Oaks Ct, Oakland, CA 94605
(510) 382-3000 / (510) 382-3033 (fax)

Coroner Investigator's Report

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) SIGL, Erik John				TENTATIVE ID <input type="checkbox"/>	UNIDENTIFIED <input type="checkbox"/>	CASE NUMBER 2016-02246	
	REPORTED BY B. Libranda		REPORTED BY PHONE NO. (925) 939-3000		REPORTING AGENCY John Muir Medical Center			REFERENCE NUMBER
	INVESTIGATOR Rebecca Lorenzana		CALL DATE AND TIME 7/27/2016 20:11		CASE TYPE Removal Case			
DECEDENT	DATE AND TIME OF DEATH 7/27/2016 18:28		DATE OF BIRTH 6/20/1990	AGE 26 Years	GENDER Male	RACE Caucasian/White	MARITAL STATUS Divorced	VET? <input type="checkbox"/>
	HGT 77	WGT 173	EYE COLOR Blue	HAIR COLOR Brown	OCCUPATION Laborer	EMPLOYER		
	Preliminary Summary							
DEATH	LOCATION OF DEATH John Muir Medical Center				Hospital - IP			
	ADDRESS (STREET, CITY, STATE, ZIP) 1601 Ygnacio Valley Road Walnut Creek CA 94598				COUNTY Contra Costa			
	Manner Natural		Death Certificate Signed By: J. Hovda, Deputy Coroner					
	Cause A INTRACEREBRAL HEMORRHAGE				Interval Hours			
	Cause B METASTATIC-PRIMARY MEDIASTINAL GERM-CELL TUMOR				Interval Unknown			
	Cause C				Interval			
	Cause D				Interval			
NOTIFICATION	LEGAL NEXT OF KIN [REDACTED]		RELATIONSHIP [REDACTED]		TELEPHONE NO. [REDACTED]			
	NOTIFIED BY		METHOD		DATE AND TIME			
	IDENTIFICATION METHOD Finger Prints		DATE AND TIME 7/29/2016 10:16					
	LOCATION OF INCIDENT				AT WORK <input type="checkbox"/>			
INCIDENT	ADDRESS (STREET, CITY, STATE, ZIP)				COUNTY		DATE AND TIME OF INCIDENT	
	INVESTIGATING AGENCY		INV AGENCY PHONE NUMBER		OFFICER			
	FUNERAL HOME Grissom's-San Lorenzo Chapel				BODY RELEASED TO FUNERAL HOME ON 7/29/2016 14:56			
DISP	Full Autopsy <input checked="" type="checkbox"/> Partial Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Record Review <input type="checkbox"/> Inspection w/Specimen <input type="checkbox"/>				EXAM BY Judy Melinek			

Date Printed Friday, February 03, 2017



1

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Investigator Narrative

Decedent: SIGL, Erik John
Case Number: 2016-02246
Investigator: Rebecca Lorenzana

First Call Information:

On Wednesday, July 27, 2016, about 2011 hours, Registered Nurse B. Librandia from the John Muir Medical Center-ICU called and reported the natural in-custody death of 26 year old Caucasian male, Erik John Sigl. Sigl was an inmate at the Santa Rita Jail in Dublin, CA. Sigl was discovered having a seizure in his cell on July 26, 2016. Sigl was transported to the hospital where it was discovered he had a non-traumatic brain bleed, which may be attributed to metastases of his cancer, according to Nurse Librandia. Sigl was placed on a ventilator and his condition continued to deteriorate. Sigl was pronounced deceased on July 27, 2016, at 1828 hours by Nurse Librandia. Nurse Librandia said [REDACTED] (RL1702)

Medical Summary:

According to Sigl's father, [REDACTED], Sigl was diagnosed with [REDACTED]
[REDACTED]

According to Sigl's medical records from John Muir Medical Center, Sigl also [REDACTED]
[REDACTED]. The records also indicated Sigl was initially treated at Valley Care Medical Center but was transferred to John Muir for a higher level of care due to an [REDACTED]

Further review of the records indicated Sigl had [REDACTED] [REDACTED]
[REDACTED]. Sigl was later released from the infirmary and returned to his cell. Sigl was reported to have had [REDACTED] and was transported to Valley Care Medical Center.

Sigl's social history was unknown. (RL1702)

Description of the Death/ Injury Scene:

Sigl was pronounced deceased in the ICU at the John Muir Medical Center located in Walnut Creek, CA. (RL1702)

Body Identification:

Sigl was personally identified as Erik John Sigl at the hospital by his father, [REDACTED].



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I compared Sigl to the photograph associated with Person File Number [REDACTED] issued to Erik John Sigl. The photograph and physical description was a match to Sigl. (RL1702)

On July 29, 2016, about 1016 hours, the Alameda County Sheriff's Office Central Identification Bureau faxed a fingerprint comparison form that indicated the fingerprints of the decedent submitted by the Coroner's Bureau were a match to those on file for Erik John Sigl, associated with Person File number [REDACTED]. (RL1702)

Next of Kin Investigation:

Sigl was divorced and had no children. His father [REDACTED] was his legal next of kin and was notified of Sigl's death by Nurse Libranda. (RL1702)

Other Agency Reports:

Alameda County Sheriff's Office shift activity report #16-013070 was written for informational purposes only. I reviewed it and added it to the case file. In summary, Sigl had refused medical intervention earlier in the day when he had a seizure. Sigl refused medical intervention since his arrival to the jail. (RL1702)

Property and Evidence:

I issued Coroner receipt #37175 for Sigl and 3 tubes of blood obtained from Sigl in the hospital. I provided Nurse Jason a copy of the receipt. The tubes were later attached to Sigl's toe upon arrival to the Coroner's Bureau. (RL1702)

Coroners Fees:

Removal and body preparation fees of \$400 applied to this case.

On July 29, 2016, the fees were paid in full by Grissom's Mortuary. Sheriff's Technician S. Chun issued Accounting receipt 7800 to document the payment. The receipt was added to the case file. (RL1702)

Investigative Details:

On Wednesday, July 27, about 2255 hours, Deputy Beezley and I (Lorenzana) arrived at John Muir Medical Center to make the removal of Sigl. We were met by hospital security who escorted us to the Neuro Intensive Care Unit. We were met by Charge Nurse Jason who led us to Sigl in room 2511. Sigl was supine on a hospital bed already in a white hospital body bag. He was nude with medical therapy still in place. Sigl was cold to the touch. Rigor mortis and livor mortis were present. I saw no obvious signs of trauma to Sigl. Deputy Beezley took photos of Sigl to document his condition while I went to the laboratory with Charge Nurse Jason to obtain Sigl's specimens. I collected 3 tubes of specimens and issued receipt 37175 for them. Nurse Jason also provided me a copy of Sigl's medical records and a disk that contained medical images.



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We prepared Sigl for transport to the Coroner's Bureau and I issued Nurse Jason a copy of Coroner's receipt 37175 for Sigl and the specimens.

About 0200 hours, we arrived to the Coroner's Bureau and processed Sigl into the morgue. The specimens were attached to Sigl's toe and his hands were covered with paper bags and secured with zip ties, per the policy and procedure in regards to in-custody related deaths.

The photographs were later downloaded onto a disk by Deputy Beezley and I added them to the case file. (RL1702)

On Wednesday, July 27, 2016, about 2353 hours, Deputy Beezley and I arrived at Santa Rita Jail and met with Lieutenant J. Johnson. The Lieutenant provided me a copy of Sigl's medical records from the jail. Sigl had no personal property at the jail.

On Thursday, July 28, 2016, about 0015 hours, we went to Sigl's cell, HU 9, F Pod, cell 9, to inspect it. We met with Deputy R. Luke #2277 who led us to the cell. The cell was vacant and secured. Deputy Luke opened the cell door and we went inside. The cell was dirty and unkempt. There was garbage and old food throughout. I saw no indication that any struggle had taken place, it was just messy. There was no blood in the cell. Deputy Beezley took photos of the cell to document its condition.

While at the jail, I met with Sergeant Aniasco who provided me with a copy of the incident report written by Deputy D. Sanchez. In summary the report indicated the following.

On July 26, 2016, about 2130 hours, Sigl was witnessed by other inmates to have a seizure in his cell (F11). The inmates notified Deputy D. Sanchez, the Housing Unit 9 Deputy. Deputy Sanchez notified Nurse K. Sutton, who was already in the housing unit conducting pill call for other inmates. Nurse Sutton assessed Sigl and requested Deputies contact emergency medical services. About 2152 hours, EMS was notified and responded about 2157 hours. About 2255 hours, Sigl was transported to Valley Care Medical Center for further treatment and later transferred to John Muir Medical Center for a higher level of medical care.

Sigl's cellmate, [REDACTED] ([REDACTED]), was interviewed by Deputy Arrivas and stated he awoke to Sigl seizing on the floor and reported Sigl had slept on the floor for several hours prior. Deputy Arrivas found no signs of trauma to [REDACTED] to indicate he and Sigl had been involved in any altercation. Sigl also had no visible signs of trauma to indicate any foul play taken place. (RL1702)

On July 28, 2016, about 1100 hours, Coroner's Pathologist, Judy Melinek performed a complete autopsy on Sigl. Sigl's cause of death was deferred for toxicology testing. (RL1702)

On August 10, 2016, Central Valley Toxicology, Inc. performed a complete drug screen on Sigl's blood that was obtained from the hospital. The screen detected Benzodiazepine and Phenytoin in Sigl's blood. There were no other common acidic, neutral or basic drugs detected. There was no ethyl alcohol detected. (RL1702)

On January 6, 2017, about 1219 hours, Dr. Melinek listed Sigl's cause of death to be Intracerebral Hemorrhage due to Metastatic Primary Medistinal Germ-cell Tumor. (RL1702)



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Findings:

On Thursday, February 2, 2017, I reviewed this case to determine a manner in Sigl's death and to prepare this case for closure. Upon my review of the case file, and cause of death as given by Dr. Melinek, I determined Sigl's manner of death was natural. Sigl's autopsy revealed there was no trauma or foul play that contributed to his death. (RL1702)

Supervisor Review:

On Thursday, February 02, 2017, I (Sgt. R. Macintire) reviewed this case and found it to be complete. I concurred with the findings and approved this case for closure. (RM #1632)

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2901 Peralta Oaks Court, 2nd Floor, Oakland, CA 94605-5319



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

M E M O R A N D U M

DATE: July 28, 2016
FROM: Judy Melinek, M.D.
TO: Case File 2016-02246
SUBJECT: AUTOPSY PROTOCOL

Autopsy performed upon the body of Erik John Sigl at the Coroner's Bureau, 2901 Peralta Oaks Court, Oakland, California, on July 28, 2016, at 9:15 a.m.

AUTOPSY FINDINGS

- I. PRIMARY MEDIASTINAL GERM-CELL TUMOR (CLINICAL HISTORY):
 - A. STATUS POST CHEMOTHERAPY
 - B. SUPERIOR VENA CAVA THROMBOSIS
 - C. RIGHT LOWER LOBE TUMOR WITH HEMORRHAGE
 - D. RIGHT PARIETAL CEREBRAL METASTASIS WITH HEMORRHAGE:
 1. CEREBRAL EDEMA
 - a. SEE NEUROPATHOLOGY REPORT
 - b. STATUS POST SEIZURE:
 - a. PHENYTOIN PRESENT = 14 MG/L - SEE TOXICOLOGY REPORT.
 - E. CACHEXIA.
 - II. LEFT RENAL CYST.
 - III. BLUNT TRAUMA OF HEAD WITH SCALP INJURY, SCALP CONTUSION, HEALING:
 - A. STATUS POST HISTORY OF SEIZURE WITH FALL
 - B. NO APPARENT VITAL INJURY
 - C. HEALING CONTUSIONS ON CHEST CONSISTENT WITH RESUSCITATIVE ATTEMPTS.
 - IV. MIDAZOLAM PRESENT = 0.01 MG/L - SEE TOXICOLOGY REPORT.
- CAUSE OF DEATH: INTRACEREBRAL HEMORRHAGE DUE TO METASTATIC PRIMARY MEDIASTINAL GERM-CELL TUMOR.
- cc: Emergency Medical Services
District Attorney
Investigations Bureau
ACSO-Detention and Corrections Div.

Sheriff-Coroner
Alameda County

Body of ERIK JOHN SIGL

1 **PRELIMINARY EXAMINATION:** The body is identified by a Coroner's
2 label affixed at the right great toe, hospital labels at the
3 left wrist and right toe, and a jail identification bracelet at
4 the left wrist. When first viewed, the decedent is unclad and
5 accompanied by antemortem blood specimens affixed at the right
6 great toe. Brown paper bags encircle the hands.

7

8 **EXTERNAL EXAMINATION:** The body is of a well developed, poorly
9 nourished, cachectic adult Caucasian man (BMI = 20.5 lbs/in²)
10 whose appearance is consistent with the reported age of 26
11 years. The body is cold (refrigerated). Rigor mortis is marked
12 and symmetric. Unfixed purple livor mortis extends over the
13 posterior surfaces of the body, except in areas exposed to
14 pressure. There are early putrefactive changes manifested by
15 slight greenish discoloration over the lower abdomen.

16
17 The face is unremarkable without visible injury. The head is
18 atraumatic, symmetric, and normocephalic. The scalp is intact
19 and atraumatic. The scalp hair is thin, light brown and
20 measures approximately 1/4 inch in length over the crown, with
21 thinning over the frontotemporal area and balding at the vertex.
22 The eyelids are atraumatic, intact, and unremarkable. The

Sheriff-Coroner
Alameda County

Body of ERIK JOHN SIGL

23 irides are blue. The pupils are bilaterally equal at 0.4 cm.
24 The corneas are translucent. The sclerae and conjunctivae have
25 slight taches noires but are otherwise unremarkable. No
26 petechial hemorrhages are identified on the palpebral
27 conjunctivae, bulbar conjunctivae, facial skin or oral mucosa.
28 The nose and ears are not unusual. The decedent has a 1/4 inch
29 reddish brown mustache and scant beard. The teeth are natural
30 and in good condition.

31
32 The neck is unremarkable. The trachea is palpable and midline.
33 The thorax is well developed and symmetrical. The abdomen is
34 scaphoid. The anus and back are unremarkable. The penis is
35 circumcised. The testes are bilaterally descended in the
36 scrotum. The upper and lower extremities are well developed and
37 symmetrical, without absence of digits. There is no clubbing or
38 edema.

39
40 **EVIDENCE OF MEDICAL THERAPY:** Evidence of acute medical therapy
41 includes an endotracheal tube and orogastric tube (secured with
42 positioner and strap and properly positioned on internal
43 examination); a Foley catheter in the urethra with an associated
44 clamp adherent at the right thigh; five electrocardiogram

Sheriff-Coroner
Alameda County

Body of ERIK JOHN SIGL

45 patches on the chest and abdomen; needle puncture marks at the
46 bilateral wrists, back right hand, and left antecubital fossa; a
47 single-lumen intravenous catheter at the right antecubital
48 fossa; a needle puncture mark at the left middle finger, covered
49 with a Band-Aid. There is an adhesive patch on the lower back
50 and sacral area with no subjacent injury. Four yellow
51 contusions measuring 1-1/4 inches, each, are at the upper left
52 chest and sternal area, consistent with remote resuscitative
53 attempts.

54
55 **IDENTIFYING MARKS AND SCARS:** A 5-1/2 by 2-1/2 inch, irregular,
56 ovoid-shaped scar consistent with a possible chemical burn scar
57 is on the inner upper right thigh. Additional identifying marks
58 and scars are not readily identified.

59
60 **EVIDENCE OF INJURY:** A 1-1/2 by 1/4 inch red abrasion is at the
61 upper right chest, below the clavicle. Upon reflection of the
62 scalp, there is a healing, yellow-red, 2.5 by 5 cm right
63 frontoparietal subgaleal contusion without subjacent skull
64 fracture, epidural hemorrhage, subdural hemorrhage, subarachnoid
65 hemorrhage, or brain injury. There are no acute fatal traumatic
66 injuries. There is no additional evidence of injury.

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Alameda County

Body of ERIK JOHN SIGL

67
68 **INTERNAL EXAMINATION:** The body is opened in the usual manner
69 with a Y-shaped incision. No adhesions or abnormal collections
70 of fluid are in any of the body cavities. All body organs are
71 in normal and anatomic position. The serous surfaces are smooth
72 and glistening. The subcutaneous fat measures approximately 1/2
73 inch in maximum thickness at the level of the umbilicus. At the
74 anterior mediastinum there is a 15 by 7 cm mass which on cut
75 section is fibrotic, green and white with areas of cavitation
76 and necrosis. When excised, it measures over 300 grams and it
77 is associated with thrombosis of the right superior vena cava
78 with thrombus extending to the right external jugular vein.

79
80 **HEAD AND CENTRAL NERVOUS SYSTEM:** Reflection of the scalp shows
81 the usual scattered reflection petechiae. The calvarium is
82 intact. The brain weighs 1,480 grams. The dura mater and falx
83 cerebri are unremarkable and the leptomeninges are thin and
84 delicate. The cerebral hemispheres are symmetrical but
85 diffusely edematous with widening of the gyri and effacement of
86 the sulci. The structures at the base of the brain, including
87 cranial nerves and blood vessels, are free of abnormality.

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Body of ERIK JOHN SIGL

88 Upon removal of the brain from the calvarium, a saw artifact at
89 the left parietal cortex exudes a softened round area composed
90 of hemorrhage and necrotic material which extrudes out from the
91 brain. The brain and this additional material, in addition to
92 the dura, are preserved in formalin for subsequent
93 neuropathologic examination due to marked softening.

94
95 **NECK:** The neck is dissected after the thoracoabdominal and
96 cranial contents are removed. Examination of the soft tissues
97 of the neck, including large vessels and strap muscles, reveals
98 no abnormalities. The superficial and deep muscles of the neck
99 are firm, red-brown, intact, and unremarkable without hemorrhage
100 or laceration. The hyoid bone and larynx are intact.

101
102 **CARDIOVASCULAR SYSTEM:** The heart weighs 370 grams. The
103 epicardial surfaces are smooth, glistening, and unremarkable.
104 The coronary arteries arise normally and follow the distribution
105 of a right dominant pattern with no significant atherosclerosis.
106 The chambers and valves bear the usual size/position
107 relationship, are morphologically normal and are unremarkable.
108 The valves are free of vegetations. The myocardium is dark red-
109 brown, firm, and unremarkable. The atrial and ventricular septa

Sheriff-Coroner
Alameda County

Body of ERIK JOHN SIGL

110 are intact and the septum and free walls are free of muscular
111 bulges. There is no focal or regional fibrosis, erythema,
112 pallor or softening. The left ventricle measures 1.5 cm and the
113 right ventricle measures 0.5 cm in thickness as measured 1 cm
114 below the respective atrioventricular valve annulus. The
115 interventricular septum measures 1.0 cm in thickness. The aorta
116 and its major branches arise normally and follow the usual
117 course with no significant atherosclerosis. The orifices of the
118 major aortic vascular branches are patent. The vena cava and
119 its major tributaries return to the heart in the usual
120 distribution and are unremarkable.

121
122 **RESPIRATORY SYSTEM:** The right and left lungs weigh 1,200 and
123 550 grams, respectively. The upper and lower airways are patent
124 and the mucosal surfaces are smooth, yellow-tan, and
125 unremarkable. The pleural surfaces are smooth, glistening, and
126 unremarkable. The pulmonary parenchyma is red and the cut
127 surfaces exude slight amounts of blood and frothy fluid, except
128 at the right lower lobe where there is diffuse consolidation,
129 and on cut surfaces there is obvious mucus exuding from the cut
130 bronchial passages. There are no masses, hemorrhages,
131 obstructions or destructive emphysema. The pulmonary arteries

Sheriff-Coroner
Alameda County

Body of ERIK JOHN SIGL

132 are normally developed and patent. There is no saddle embolus
133 on *in situ* examination of the pulmonary trunk.

134

135 **HEPATOBIILIARY SYSTEM:** The liver weighs 2,300 grams. The
136 hepatic capsule is intact, smooth and glistening, covering red-
137 brown parenchyma. The gallbladder contains approximately 30 ml
138 of dark green, viscid bile without stones. The extrahepatic
139 biliary tree appears to be patent.

140

141 **HEMATOPOIETIC SYSTEM:** The spleen weighs 390 grams and has a
142 smooth intact capsule covering red-purple, moderately firm
143 parenchyma. The splenic white pulp is grossly unremarkable.
144 The regional lymph nodes appear normal. The bone marrow (rib)
145 is red-purple.

146

147 **ENDOCRINE SYSTEM:** The pituitary gland is intact, normally
148 developed, and is unremarkable without laceration, hemorrhage,
149 or mass lesion. The thyroid gland is symmetric and unremarkable
150 with a firm, red-brown, granular parenchyma and no cyst,
151 hemorrhage, fibrosis, or mass lesion. The adrenal glands are
152 normally situated and have soft, yellow cortices and soft, gray-
153 brown medullae. The pancreas has a soft, tan parenchyma with a

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Alameda County

Body of ERIK JOHN SIGL

154 normal lobular architecture and no saponification, pseudocyst,
155 neoplasm, fibrosis, hemorrhage, or mineralization.

156

157 **GASTROINTESTINAL SYSTEM:** The esophagus is lined by gray-white,
158 smooth mucosa. The gastric mucosa is arranged in the usual
159 rugal folds, and the lumen contains approximately 150 ml of
160 bright green fluid. There are no pill fragments or foreign
161 bodies identified. The small and large bowels are unremarkable.
162 The appendix is unremarkable. The colon contains soft, green
163 stool.

164

165 **GENITOURINARY SYSTEM:** The right and left kidneys weigh 170 and
166 180 grams, respectively. The renal capsules are smooth, thin,
167 semitransparent, and strip with ease from the underlying,
168 smooth, red-brown, firm, cortical surfaces, but there is a 4 cm
169 clear fluid-filled cyst in the upper pole of the left kidney.
170 The cortices are of normal thickness and well-delineated from
171 the medullary pyramids. The calyces, pelves, and ureters are
172 unremarkable. The urinary bladder contains the balloon tip of
173 the Foley catheter and 200 ml of translucent yellow urine. The
174 mucosa is gray-tan and smooth. The bilaterally descended testes
175 are unremarkable. The prostate is unremarkable.

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Body of ERIK JOHN SIGL

176

177 **MUSCULOSKELETAL SYSTEM:** The skeleton is well developed and
178 without deformity or osteoporosis. The vertebrae, clavicles,
179 sternum, ribs, and pelvis are without fracture. The supporting
180 musculature and soft tissues are not unusual. The firm, red-
181 brown muscles are well hydrated and free of focal lesions. The
182 cervical spinal column is stable on internal palpation.

183

184 **Spec. to Pathology:** Portions of all major organs are fixed in
185 formalin and retained.

186

187 **Spec. to Histology:** Lung and mediastinal tumor, pituitary,
188 brain.

189

190 **Spec. to Toxicology:** Peripheral blood, central (heart, right
191 ventricle) blood, bile, gastric contents,
192 liver, urine and vitreous humor.

193

194 **Physicians Present:** Dr. Judy Melinek and Dr. John Iocco.

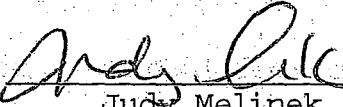
195

196 **Forensic Techs:** Jennifer Tica and Jesika Grubaugh.

197

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Body of ERIK JOHN SIGL

198 Evidence: Blood spot on filter paper for DNA,
199 fingernail clippings, nail clipper, and
200 scalp hair.
201
202
203  1/18/12
204 Judy Melinek, M.D.
205
206 JM/cah